

**WASHINGTON STATE DEPARTMENT OF HEALTH
CDL CERTIFICATION TRAINING COURSE
EVALUATION FORM**

Mail to: CDL Program
WA Department of Health
PO Box 47825
Olympia, WA 98504-7825

Date you attended the CDL training course

Date you attended the HAZWOPER course

Worker Course

What parts of the course were difficult to understand?

Please share with us your general comments about the course, including ways to improve it.

Supervisor Course

What parts of the course were difficult to understand?

Please share with us your general comments about the course, including ways to improve it.

Do you have previous experience working on hazardous waste sites? If yes, please describe.

Do you have a background in science? If yes, please describe.

The evaluation form will be used to improve the training. Under no circumstances will comments influence test scores.